FORM D RECEIVED \$ 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

114286	

OMB APPROVAL

3235-0076 OMB Number:

Expires:

May 31, 2005

Estimated average burden hours per response

SE	C USE ONLY
Prefix	Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series E Preferred Stock	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 0206258	9
Boxer Cross Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Inclu	ıding Area Code)
125 Constitution Drive, Menlo Park, California 94025 650-470-0330	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Included and Street)	ıding Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Development and marketing of metrology systems for the semiconductor industry	
Type of Business Organization	
☑ corporation ☐ limited partnership, already formed ☐ other (please specify):	
□ business trust □ limited partnership, to be formed	THUCKE T
V 1	
Month Year	OCT 2 5 2012
Actual or Estimated Date of Incorporation or Organization: 1 1 9 6 Extimated	99, 200
	THOMSOM
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	FINANCIA
CN for Canada; FN for other foreign jurisdiction)	a se as se a collective.

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information req	uested for the fol	lowing:			
Each promoter of the second seco	the issuer, if the i	ssuer has been organized	d within the past five year	ars;	
 Each beneficial ov securities of the iss 		ower to vote or dispose,	or direct the vote or dis	position of, 10%	or more of a class of equity
Each executive off	ficer and director	of corporate issuers and	of corporate general an	d managing partn	ers of partnership issuers; and
 Each general and r 	nanaging partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Klein, Michelle	if individual)				
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Borden, Peter	if individual)				
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Welch, Timothy	if individual)				
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Anderson, Robert	if individual)				
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, Bonke, Neil	if individual)			-	
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Dunn, David	if individual)				
Business or Residence Addr 9255 Towne Center Drive, S			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Freidenrich, John	if individual)				
Business or Residence Addr 10600 N. De Anza Bouleva					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 9

		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information req	uested for the fol	llowing:			
• Each promoter of	the issuer, if the i	ssuer has been organized	d within the past five yes	ars;	
•	vner having the p	_	-		or more of a class of equity
	•	of cornorate issuers and	of cornorate general an	d manaoino nartr	ners of partnership issuers; and
		of partnership issuers.	or corporate gonerar an	a managmg para	ioro or parmoromp issuers, and
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first, Huberman, Jonathan	if individual)				Managing Partner
Business or Residence Addr 125 Constitution Drive, Mer			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, Siddall, Graham	if individual)				
Business or Residence Addr 125 Constitution Drive, Mer	,		Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Bay Partners SBIC, L.P.	if individual)				
Business or Residence Addr 10600 N. De Anza Boulevar					
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Idanta Partners Ltd	if individual)				
Business or Residence Addr 9255 Towne Center Drive, S			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 9

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORM	ATION A	BOUT O	FFERIN	G				
			·										Yes	No
1. H	as the iss	uer sold,								offering?.				×
								under UL	OE.					
2. V	What is th	e minim	um invest	ment that	will be ac	cepted from	om any in	dividual?					\$_N/	<u>'A</u>
													<u>Yes</u>	<u>No</u>
			-		_								×	
o li o	or similar isted is are of the bro	remuner associa ker or de	ration for ted perso ealer. If r	solicitation n or agent	n of purc of a brok five (5) p	hasers in er or deal ersons to	connectio er register	n with sal ed with th	es of secu ie SEC an	rities in the divide of the di	ne offerin a state or	ely, any commission g. If a person to be states, list the name or dealer, you may		
Full Nan N/A	ne (Last na	ame first,	if individ	ual)						•				
Business	or Reside	nce Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							
Name of	Associate	d Broker	or Dealer								· · · · · · · · · · · · · · · · · · ·			
States in	Which Pe	rson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
													□ All	States
[AL]	K Ali Sia [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	⊔ An	States
[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Nan	ne (Last na	ame first,	if individ	ual)										
Business	or Reside	ence Add	ress (Num	iber and St	reet, City,	State, Zip	Code)							
Name of	Associate	d Broker	or Dealer	•	· · · · · · · · · · · · · · · · · · ·									. <u> </u>
Ct-ti-	nn.:-L.D.	T :	- 1 II C	olicited or	Y	C-1:-ix D-								
States in	which Pe	rson Lisi	ied Has So	onched or	intends to	Sonen Pu	rcnasers							
(Chec	k "All Sta		heck indiv	idual State	•								□ All	States
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[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT] 	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last na	ame first,	if individ	uai)										
Business	or Reside	ence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							
Name of	Associate	d Broker	or Dealer	-						·		·		
States in	Which Pe	erson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	heck indiv	ridual State	es)								□ All	States
[AL]	[AK] [IL]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 4 of 9

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount already so Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box TM a indicate in the columns below the amounts of the securities offered for exchange and already exchanged 	old.	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	_	\$ 1,726,605
Equity		\$
☐ Common ☑ Preferred		
Convertible Securities (including warrants)	\$	
Partnership Interests		
Other (Specify))		
Total		
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	16	\$ 1,726,605
Non-accredited Investors		s
Total (for filings under Rule 504 only)	····	_ \$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securiti sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the fit sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	ies rst	
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	<u>N/A</u>	\$
Regulation A	<u>N/A</u>	
Rule 504	<u>N/A</u>	
Total	<u>N/A</u>	_ \$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	on	
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	x	\$_15,000

\$ 15,000

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total

•	C. OFFERING PRICE, NUMBER (OF INVESTORS, EXPENSE	S ANI	O USE OF PROCE	EDS	
1	b. Enter the difference between the aggregate offering price total expenses furnished in response to Part C – Question proceeds to the issuer."	4.a. This difference is the "a	ıdjuste	d gross		\$_1,711,605
,	ndicate below the amount of the adjusted gross proceeds to each of the purposes shown. If the amount for any purpose the box to the left of the estimate. The total of the pay proceeds to the issuer set forth in response to Part C - Question	is not known, furnish an estimments listed must equal the a	ate an	d check		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	_ 🗆	\$
	Purchase of real estate			\$	_ 🗆	\$
	Purchase, rental or leasing and installation of machinery	and equipment		\$	_ 🗆	\$
	Construction or leasing of plant buildings and facilities			\$	_ 🗆	\$
	Acquisition of other businesses (including the value of se offering that may be used in exchange for the assets or se pursuant to a merger)	curities of another issuer		\$		\$
	Repayment of indebtedness			\$	_ 🗆	\$
	Working capital			\$	_ 🗷	\$ <u>1,711,605</u>
	Other (specify):			\$	_ 🗆	\$
				\$		\$
	Column Totals			\$	×	\$_1,711,6 <u>05</u>
	Total Payments Listed (column totals added)			⋇ \$ <u>1,71</u>	1,605	
	D.	FEDERAL SIGNATURE		·		
igi	e issuer has duly caused this notice to be signed by the uncluster constitutes an undertaking by the issuer to furnish to the issuer to any non-accredited invest	the U.S. Securities and Exch	ange	Commission, upon		
	` '1'	gnature			Date	
	er Cross Inc.	Mithele Klein			Octob	er <u>/5,</u> 2002
		tle of Signer (Print or Type)	×			
		resident and Chief Executive Of	ficer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)